PRELIMINARY INFORMATION - ANSWER <u>EACH</u>OF THESE QUESTIONS <u>PO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS</u> EXEMPTION — Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Contribles on Ethics. TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? IPO - Did you purchase any shares that were allocated as a part of an initial Public Offering during the reporting period? If you answered "yes" to this question, please **UNITED STATES HOUSE OF REPRESENTATIVES** contact the Committee on Ethics for further guidance. 2021 FINANCIAL DISCLOSURE STATEMENT E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,060) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honorarie, or pension/IRA distributions) of \$200 or more during the B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction A. Did you, your spouse, or your dependent child: Name: exceeding \$1,000 during the reporting period? reporting period REPORT FILER b. Receive more than \$200 in uneamed income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? Paul Anthony Gosar D.D.S. X X 2021 Arinual (Due: May 16, 2022) Member of the U.S. House of Representatives State: AZ District 2 ¥88 ¥8 풇 ¥99 8 Daytime Telephone: 202-225-2315 X X š Amendmen Z Z š 중 For Use by Members, Officers, and Employees X X X H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$415 in value from a single source during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filling? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in tieu of paying you for a speech, appearance, or article during the G. Did you, your spouse, er your dependent child receive any reportable gift(s) totaling more than \$416 in value from a single source during the reporting period? Officer or Employee Employing Office Termination Date of Termination: A \$200 pelially strat be assessed against any individual which as more than 30 days late. LEGISLATIVE RESOURCE CENTER (Office Use Offly) ER 2022 HAY 13 PH 1: 15 HAND DELIVERED Shared Staff Filer Type: (If Applicable) **₹** 줉 58 ¥08 Y05 8 ž X Principal Assistant Ž Š 중 8 중 중 X X X

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Name: Paul Anthony Gosar D.D.S.

Page 2 of 10

Re to the state of	Assets and/or income Sources lidentify (a) each asset held for investment or production of home and with a fair market value succeeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "uncerned" knome that generated more than \$200 in "uncerned" knome during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbole). For all IIRAs and other refinement plants (such as 497(it) plants) provide the visius for such, asset held in the execution that exceeds the reporting threafolds. For bank and other real property held for investment, provide a complete address or description, e.g., "rental provide, a complete address or description, e.g., "rental provide, and other real property held for investment, for rental and other real property held for investment, refor the publicity traded, state the name of the trainess, the nature of its activities, and its geographic focation in Block A. Exclude: Your personal residence, including second homes and vescation homes (unless there was rental income turing the reporting period); and any financial income during the reporting period); and any financial income turned period, and state in cased or freezinent Fund, please check the "Eil" box. If you so choose, you may indicate that an eased or incorne source is that of your apposes (SP) or
or Rein Valley Road Flagstaff, AZ T Rain Valley Road Flagstaff, AZ	BLOCKA Assets and/or Income Sourcest ify (a) each asset held for investment claim of income and with a fair market water \$1,000 at the end of the reporting purplemented more than \$200 in "uncerned" for generated more than \$200 in formation and other regiments, being threafolds asset the count that exceeds the reporting threafolds enk and other cash accounts, for investing the state of
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Over \$5,000,000	Amount of income Amount of income Amount of income Amount of income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For at other assets indicate the children of income by chesting the appropriate box below. Dividends, and capital gains, even if reinvested, must be disclosed as income for assets held in no income was earned or generaled. "Column XII is for assets held by your spouse or dependent child in which you have no injarest. I II IV V IVI VII IVI X X X X X X X IVI IVI
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Spert), or E	BLOCK E Transaction Indicate if the asset had purchases (P), eace (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate are foliate are rollizate are not transactions that exceeded \$1,000.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE B - TRANSACTIONS

Name: Paul Anthony Gosar D.D.

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your apouse, or your dependent child for investment or the production of income. Include transactions threat resulted in a capital bas. Provide a blef description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or use of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction. * Column K is for easets sciely held by your spouse or dependent child se, DC, JT Asset Capital Gains: If a seles transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. æ Mega Corp. Slots Purchase Type of Transaction Sale × **Partial Sale** Exchange Check Box if Capital Gain Exceeded \$200 (MODAYR)
Ousterly
Dusterly, or Bispot basis Date ¥ \$1,001-\$15,000 > \$15,001-\$50,000 × **(77** \$50,001-\$100,000 n \$100,001-\$250,000 0 Amount of Transaction \$250,001-\$500,000 m \$500,001-\$1,000,000 n \$1,000,001-\$5,000,000 • \$5,000,001-\$25,000,000 x \$25,000,001-\$50,000,000 Over \$50,000,000 **"** Over \$1,000,000* (Spouse/DC Asset)

SCHEDULE C - EARNED INCOME

Name: Paul Anthony Gosar D.D.S. Page 5 of 10

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

			A
	Source (include date of receipt for nonoraria)	lype	Amount
	Keene Strie	Approved Teaching Fee	\$6,000
Examples:	State of Maryland	Legislative Pension	\$18,000
	Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
	Onterio County Board of Education	Spouse Satary	NA

SCHEDULE D - LIABILITIES

Report liabilities of over \$10,000 awed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by sei property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); toans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child. Name: Paul Anthony Gosar D.D.S. Page 7 of 10

		11.		8. DC, Л	_	
		New R	Example			
		New Residence Mortgage	First Benk of Wilmington, DE	Creditor		
	_		6/20	Date Liability Incurred MO/YR		
	•	Mortgage on Residence	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
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				\$1,000,001- \$5,000,000	• ·	ability
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				\$25,000,001- \$50,000,000	-	
				Over \$50,000,000		
				Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, studies of an organization, partner, proprietor, representative, employee, or

consultant of any corporation, firm, partnership, or other but Positions held in any religious, social, fraternal, or political or	consultant of any corporation, firm, partnership, or other business enterprise, monprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization

SCHEDUL

e, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, a leave of absence during the period of government service;		.E.F AGREEMENTS
with respect to: future employment a leave of absence during the period	Name: Paul Anthony Gosar D.D.S.	
of government service;	Page / of 10	

dentify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former
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Date	Parties to Agreement	Terms of Agreement

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 received by you, year spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$166 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$500

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Paul Anthony Gosar D.D.S.

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$415 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and relimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

×							
		Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (YAI)	Family Member Included? (Y/N)
_		Government of Chins (MECCEA)	Aug (8-11	DC-Beşing, China-DC	٧	۲	Ż
	Examples:	Habitat for Humanity (Citarity Fundration)	Mar. 3-4	· DC-Booton-DC	٧	٧	Y
	Conserva	Conservative Partnership Institute	Feb 11-13	DC - Miami, FL - DC	۲	۲	Z
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						XYZ Magazine	Association of American Associations, Washington, DC	Source	List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filled directly with the Committee on Ethics.		SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA
						Article	Speech	Activity	of an event to a charitable organization	•	Name: Paul Anthony Gosar D.D.S.
						Aug. 13, 2021	Feb. 2, 2021	Date	in lieu of paying an ho		
						\$500	\$2,000	Amount	norarium to you. A separate		Page 9 of 10

FILER NOTES (Optional)

Name: Page 10 of 10

										NOTE NUMBER	
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